

TREATMENT PROTOCOL: PAIN MANAGEMENT *

1. Basic airway
2. Spinal immobilization prn
3. Oxygen/pulse oximetry prn
4. Cardiac monitor prn: document rhythm and attach ECG strip if dysrhythmia identified
5. Control bleeding prn
6. Venous access prn
7. Non-invasive pain management
 - Splint injured extremity and elevate
 - Reposition patient
 - Ice pack
 - Distracting measures
 - Reassurance
8. Assess patient for an infusion device and/or transdermal patches for narcotics; if present, report to base hospital
9. For burn injury, refer to Ref. No. 1271, Burns
10. For isolated extremity injury and other trauma, refer to Ref. No. 1275, General Trauma
11. For chest pain, refer to Ref. No. 1244, Chest Pain
12. For the patient who is at least 20wks pregnant, refer to Ref. No. 1261, Emergency Childbirth (Mother)
13. **CONTINUE SFTP or BASE CONTACT**
14. For other non-traumatic pain, including non-traumatic abdominal pain, consider:

Morphine ①②

2-12mg slow IV push, titrate to pain relief

4-12mg IM, if unable to obtain venous access

May repeat every 5min, maximum total adult dose 20mg all routes



Pediatric: 0.1mg/kg slow IV push or IM

See Color Code Drug Doses/L.A. County Kids

Do not repeat dose, maximum pediatric dose 4mg all routes

SPECIAL CONSIDERATIONS

- ① Use with caution: in elderly, if SBP less than 100mmHg, sudden onset acute headache, suspected drug/alcohol intoxication, suspected active labor, nausea/vomiting, respiratory failure or worsening respiratory status
- ② Absolute contraindications: Altered LOC, respiratory rate less than 12breaths/min, hypersensitivity or allergy